

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-042197

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. 119Primary Registration District No. 5493Registrar's No. 55

FILED NOV 30 1962

1. PLACE OF DEATH

a. COUNTY

Gasconade

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Roark Twp.

Length of stay in 1b

51 Yrs.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

7 Miles S. of Hermann

Inside Limits

Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Gasconade

c. CITY
OR TOWN

Roark Twp.

Inside Limits

Yes ☐ No ☒d. STREET
ADDRESS

7 Miles S. of Hermann

Reside on Farm

Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First

Middle

Last

GEORGE

JOHN

SEGER

4. DATE
OF DEATH

Month

Day

Year

Nov. 16, 1962

5. SEX

Male

6. COLOR OR RACE

Cau.

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

6-2-1888

9. AGE (last birthday)

74

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer

10b. KIND OF BUSINESS OR INDUSTRY

Farming

11. BIRTHPLACE (City and state or country)

Swiss, Missouri

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

George Seger

13b. MOTHER'S MAIDEN NAME

Juliana Wollmann

14. NAME OF HUSBAND OR WIFE

Louisa Ebker Seger

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

No

17. INFORMANT

Mrs. Louis Seger R#2 Hermann, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Chronic Myocardial Degeneration

INTERVAL BETWEEN
ONSET AND DEATH

5 yrs

DUE TO (b)

Mitral Stenosis

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (c)

Arteriosclerosis

6 yrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY Hour a.m. Month, Day, Year p.m.20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Feb. 23, 1960 to Nov. 16, 1962 and last saw ^{hear} him alive on Nov. 15, 1962Death occurred at 7:00 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

D. O.

22b. ADDRESS

New Haven, Missouri

22c. DATE SIGNED

11/17/62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

11-19-1962

23c. NAME OF CEMETERY OR CREMATORY

Bethany Cemetery

23d. LOCATION (City, town, or county)

Berger

RFD

(State)

Mo.

24. FUNERAL DIRECTOR

ADDRESS

Herman Blumer, Inc.-Hermann, Mo.

25. DATE RECD. BY LOCAL REG.

11-18-62

26. REGISTRAR'S SIGNATURE

Delma Uffelman

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

ITEM NO.

VS 300
Rev. 4/59

1 0370

2 0370

3

4 0

5 1

6

7 0

8 2

9 421.0

10

11

12 90-2

13 1-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Hughes

Licensed Embalmer No. 3160

P. O. Address Herrmann Md

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.